

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 260 / 594

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CARLY FOR PRESIDENT**

**A. Full Name (Last, First, Middle Initial)**

**LINDA SMITH**

Mailing Address 1095 MAPLE HILL LANE

City	State	Zip Code
MALVERN	PA	19355-2340

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SALES RESEARCH GROUP

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1525.00

**Transaction ID : SA17.210628**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			13			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

**B. Full Name (Last, First, Middle Initial)**

**MR. JOHN F. STEWART**

Mailing Address 91-1068 WAIKAPOO ST

City	State	Zip Code
EWA BEACH	HI	96706-6463

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
ARMY MG/BUSINESS EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.210477**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			13			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

**C. Full Name (Last, First, Middle Initial)**

**BOB TAYLOR**

Mailing Address 2434 BEACON FOREST DR.

City	State	Zip Code
CHARLOTTE	NC	28270-2262

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
TAYLOR PROPERTIES GROUP, LLC

Occupation  
COMMERCIAL REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.210733**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			13			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

**Subtotal Of Receipts This Page (optional)**.....

1600.00

**Total This Period (last page this line number only)**.....